
Caring for Orphans and Vulnerable Children in Institutional Care Facilities in Sub-Saharan Africa: A Social Development Intervention

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Abstract

Although several studies have shown that children raised in institutional care facilities experience greater mental health symptoms than those raised in noninstitutionalized settings, children across sub-Saharan Africa are continually being placed in institutional care facilities. However, prior to the establishment of institutional care facilities, Africans relied on traditional cultural practices such as kinship fostering and shared child rearing to care for children, especially orphaned children. As traditional cultural practices continue to weaken, due partly to urbanization, institutional care facilities operated mostly by nonprofit organizations have become the primary alternative response to the care of orphans and vulnerable children. Traditional ways of intervening in cases of orphans and vulnerable children have been replaced with institutional care facilities, relegating the role of the extended family system. This paper examines institutional care facilities in the context of sub-Saharan Africa; in addition social development is suggested as a conceptual framework to finding alternative strategies to institutionalizing orphans and vulnerable children.

Keywords: orphans and vulnerable children, institutional care facilities, sub-Saharan Africa, social development

In the wake of weakening traditional kinship roles across sub-Saharan Africa, partly due to urbanization, Institutional Care Facilities (ICFs) have replaced kinship in the care of orphans and vulnerable children (OVC). ICFs are orphanages and children's homes that provide care for children by paid staff (Tolfree, 2007). These ICFs, however, have become the primary response to orphan care in sub-Saharan Africa (Engle et al., 2011), despite studies suggesting the negative effects of institutionalization on children. Children living in orphanages in Ghana, for example, have shown significantly higher levels of anxiety than children living with their parents (Yendork & Somhlaba, 2014). A study by Fournier, Bridge, Kennedy, Alibhai, and Konde-Lule (2014) on HIV positive children living in a residential facility in Uganda revealed that creating group homes for HIV positive children socially stigmatized them. A study in Botswana also showed children in orphanages displayed symptoms of psychiatric disorders (Morantz &

Heymann, 2010). The same study also revealed that 25% of children in the facility experienced or witnessed physical punishment (Morantz & Heymann, 2010).

In light of the negative effects of institutionalization on children, a comprehensive strategy must be adopted to address the multiple factors driving the placement of children in institutions. This paper examines ICFs in the context of sub-Saharan Africa and suggests social development as a theoretical framework of intervention.

Social Development Approach

Social development, in the context of social work, has been conceptualized as a comprehensive planned change development process that seeks the wellbeing of the whole population through multiple approaches (Midgley, 2014; Pawar, 2009). The social development approach moves beyond what Midgley (1981) referred to as *individualization* – an overemphasis on intervening at the micro level in western social work practice. Mary Richmond, one of the pioneers of the social work profession, gave credence to individualization in her definition of social casework. Richmond defined “social casework as a method that has ‘for its immediate aim the betterment of individuals and their families, one by one, as distinguished from their betterment in the mass’” (as cited in Midgley, 1981, p. 7). Contrary to this view of western social work practice, social development is a holistic approach, integrating social and economic interventions (Healy, 2008). Drawing on the social development approach, it is imperative to integrate both social and economic strategies into mitigating factors forcing children into institutions in sub-Saharan Africa and to deinstitutionalizing the care of OVC.

Non-Governmental Organizations

Before suggesting social development strategies as alternatives to ICFs, it is important to recognize that nongovernmental organizations (NGOs) have reinforced institutionalization in sub-Saharan Africa. A number of ICFs in sub-Saharan Africa were established by NGOs, with very few by governmental agencies. These NGOs have assumed a more central role in the provision of care for OVC partly due to governments’ limited resources. This resource constraint has been compounded by the World Bank and International Monetary Fund’s (IMF) neoliberal policies requiring governments to reduce expenditures on welfare services (Peet & Hartwick, 2009), which ultimately affects social interventions (Konadu-Agyemang, 2000). To fill this resource gap, NGOs have assumed hegemonic roles in the provision of institutional care and have replaced state care across sub-Saharan Africa, becoming the primary alternative institution to intervene on behalf of OVC (Manji & O’Coill, 2002). NGOs are now the main conduit through which child welfare services are provided (Zaidi, 1999). As Guttentag (2009) rightly noted, NGOs should not be viewed as “all good” (p. 541).

Based on the frontline role of NGOs in providing care institutions, governments across sub-Saharan Africa have been unwilling to address the underlying reasons why children are placed in orphanages, including social exclusion of children, discrimination of children with disabilities, and household poverty (Csáky, 2009). The dominance of NGOs in the provision of child welfare services has led to maintaining the status of institutionalization in lieu of a comprehensive approach to caring for OVC.

Cultural Context of Care in sub-Saharan Africa

It is also crucial to appreciate the cultural context of care in sub-Saharan Africa in order to suggest alternative strategies. Traditionally, across sub-Saharan Africa, Africans have had a strong social support system prior to the introduction of social work practice (Mwansa, 2012). The hegemony of NGOs, however, has weakened the traditional family support inherent in African societies. African cultures are enmeshed in social relations and interdependent, thus, individuals may not be viewed as autonomous (Gyekye, 1992). This strong communal tie has traditionally been drawn upon in times of misfortune, such as the death of parents. Purposive fostering, for example, has been practiced in sub-Saharan Africa for generations (Foster, 2000). Purposive fostering is a culturally sanctioned practice whereby biological parents allow their children to live with extended family members through a reciprocal agreement on the basis of political and economic factors (Foster, 2000). Within sub-Saharan African cultures, Isiugo-Abanihe (1985) documented the practice of sending children to live with relatives for a variety of reasons, including death of parents, parents' disability, and poverty. It has also been documented in sub-Saharan Africa that the cost of raising children is borne by biological parents, but shared with many people in the extended family system and other social networks (Bledsoe, Ewbank, & Isiugo-Abanihe, 1988). Among the Gonjas in Ghana, for example, a woman with no biological children may foster a child for companionship and assistance. Similarly, in Ethiopia, the Amhara and Oromo ethnic groups have practiced adoption since the 15th century, adopting children from their relatives (Family Health International [FHI], 2010). In addition, the Nso people of Cameroon share the cost of raising children among family members (Verhoef, 2005). Data from different parts of sub-Saharan Africa suggest a common practice for children to be living with extended family members. According to United Nations International Children's Emergency Fund (UNICEF, 2006), grandparents, especially grandmothers, care for about 40% of all orphans in Tanzania, 45% in Uganda, more than 50% in Kenya, and about 60% in both Namibia and Zimbabwe.

It is important to note, however, that there are other traditional practices among some cultures in sub-Saharan Africa that may negatively impact the psychological and emotional development of children's wellbeing, including but not limited to, child marriage and female genital mutilation (Frimpong-Manso, 2016). Therefore, a call for positive traditional values should not be misconstrued as sanctioning traditional practices that may be harmful to children. This notwithstanding, drawing on these positive values might decrease the emotional and psychological issues that children experience in ICFs.

Social Development Strategies

Different strategies of social development have been postulated in the literature. However, multiple social development strategies emphasize economic development in the context of comprehensive interventions that empower marginalized communities (Midgley, 1995). Although there have been efforts to deinstitutionalize the care of orphans across sub-Saharan Africa, there has not been sufficient literature to support strategies toward deinstitutionalization (Frimpong-Manso, 2014). This lack of literature to support deinstitutionalization could be because of multiple factors influencing the placement of children in ICFs, particularly poverty and HIV/AIDS. Due to these multiple factors, the social development approach is warranted to provide a broad theoretical perspective that intervenes at multiple levels to halt the placement of children in ICFs.

Developing Human Capital through Indigenization

Human capital development is one of the strategies of social development. Human capital development includes the acquisition of skills and knowledge (Midgley, 2014). The practice of social work is still in its infancy in many sub-Saharan African countries, with a need to expand skills and knowledge through *indigenization*. Indigenization emphasizes the importance of using relevant cultural knowledge to address social problems within specific contexts (Gray & Hetherington, 2014).

To achieve indigenization requires reforming the current nature of social work education in sub-Saharan Africa and replacing it with culturally sensitive social work education rooted in African philosophy. African social work education must emphasize social problems as community problems. Although some progress has been made in sub-Saharan Africa in developing curriculum based on traditional values, there is still more work to be done. Kreitzer, Abukari, Antonio, Mensah, and Kwaku (2009), in a participatory research study conducted in Ghana, described the School of Social Work at the University of Ghana as applying practice from urban Chicago to rural Ghana. Kreitzer et al. (2009) also found that 99% of materials available at the School of Social Work library at the University of Ghana were Western books. Concerted efforts must be made to conduct research in African contexts to inform practice with OVC.

Community Development

According to UNICEF (2003), more than 90% of orphans in sub-Saharan Africa are cared for by their relatives. It must be emphasized, however, that the actual number of children in institutions and the number of ICFs across sub-Saharan Africa are unknown. For example, inconsistencies in the number of children in institutions and the number of care institutions have been reported in Kenya (Ucembe, 2016). Although most OVC are cared for by their relatives, this strong traditional system of support has been eroded by poverty and many families are no longer able to meet their basic needs (UNICEF, 2003). Implementing community development strategies to address poverty issues may decrease the need to institutionalize children (Morantz, Cole, Ayaya, Ayuku, & Braitstein, 2013). Thus, responding to the OVC crisis requires community development strategies to raise the standard of living of relatives of OVC.

Community development is a participatory process that involves mobilizing community members to work together – comprehensively – to address the needs of their community or society (Pawar, 2009). Incorporating community development may include utilizing the Asset-Based Community Development (ABCD) model (Kretzman & McKnight, 1993), which suggests that significant community development can only be achieved through the involvement of local people and their resources.

ABCD is asset based, as the name implies. ABCD is a strategy that starts with what is already within a community (Kretzman & McKnight, 1993). This approach is contrary to needs-based interventions, which have dominated development approaches over the years (Mathie & Cunningham, 2003), and have become pervasive in the provision of welfare services through Western-oriented social work education and practice. Needs-based interventions focus on identifying deficits or problems in communities. The ABCD model, in addressing institutional

care, involves mobilizing local capacity through identifying community leaders and working with them to find the most appropriate placement for OVC.

The priority for the care of OVC ought to be identifying resources that are already in communities, such as extended family members. As noted earlier, purposive fostering is a common practice in most African societies. Another resource typical of African communities is traditional and religious leaders. Among the Akan communities in Ghana, for example, queen mothers “often act as a community social welfare officer” (Kreitzer et al., 2009, p. 146). Traditional and religious leaders could assist in identifying foster parents for OVC when there are no extended family members in the community. Social workers could work with traditional and religious leaders to find alternative placements for the care of OVC. By working with religious and traditional leaders, social workers will bring communities together to engender active citizenship participation and engagement (Mathie & Cunningham, 2002).

Social Protection

Another important social development strategy that is gaining acceptance in the international development arena is social protection. Social protection is defined as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized, with the overall objective of reducing the economic and social vulnerability of poor, vulnerable, and marginalized groups (Devereux & Sabates-Wheeler, 2004).

As noted, many orphans are cared for by relatives who are burdened by poverty. Social protection programs offer a viable alternative to provide support for extended family members to raise OVC within their communities. Social protection programs might include the transfer of cash and livestock to impoverished community members through government and private partnerships. One advantage of the social protection program is that individuals decide how to spend their money, which empowers recipients in making their own household decisions. Social protection programs might also engender community economic development when beneficiaries spend transfer cash in their communities.

Asset Building

Asset building is another strategy of social development that can be utilized to respond to the orphan crisis in Africa. Asset building programs include individual development accounts, stakeholder pensions, and child savings accounts (Midgley, 2014). Individual development accounts, for example, are matched savings accounts for people experiencing poverty to encourage them to save and accumulate wealth (Midgley, 2014). Foster parents could be assisted with individual development accounts to build assets to support the care of OVC. Programs that would assist foster parents to accumulate wealth would encourage more participation in the care of OVC by extended family members, community members, and traditional and religious leaders. Children in foster care could also be financially supported with child savings accounts; this would decrease the economic burden on foster parents and other family members. Stakeholder pensions might also be included to boost participation in the care of OVC. Extended family and community members fostering OVC could receive monthly pensions to offset the cost of raising children.

Conclusion

Empirical studies have documented the negative effects of institutionalization on the wellbeing of children. Although ICFs in sub-Saharan Africa have provided resources for the care of OVC, the long-term effect of institutionalization on children may be far greater than has been examined. The evidence available supports a compassionate call to identify alternative approaches to institutional rearing of children. Adopting a social development theoretical framework would provide a culturally appropriate intervention and decrease the problems that children in ICFs experience. A social development approach provides a better alternative, which includes adopting multiple intervention strategies that would incorporate traditional African values and philosophy in social work programs across sub-Saharan Africa.

The challenge, however, is that NGOs are too powerful for local governments and communities to resist, and African states are too overly dependent on foreign NGOs to initiate a radical transformation of the care of OVC. But social work programs across sub-Saharan Africa can provide the necessary leadership by training competent social workers whose education reinforces traditional values and philosophy in the interests of OVC.

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